



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E393812**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-00131	
LOCAL AGENCY CODING	0664	
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
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DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
01 - 14 - 2015		1220	31		
				N S	E W
				IN OF	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
20TH ST SE		BLOCK NO. <input checked="" type="checkbox"/> 8000
		MILE POST

DISTANCE	OF (REFERENCE OR CROSS STREET)
100 00 MILES <input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W	79TH AVE SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 2069811202
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LAST NAME	JAMES JR	FIRST NAME	FRANCIS	MIDDLE INITIAL	D
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STREET NEW ADDRESS	920 S 200TH ST
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CITY	DES MOINES	ST	WA	ZIP	981984101
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CDL	B	RESTRICTIONS		ENDORSEMENTS	B
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DRIVER'S LICENSE #	JAMESFD304CL	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	02	-	13	-	1970
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B64513U	STATE	WA	VIN#	1HTMMAAL74H676797
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2004	MAKE	INTL	MODEL	TOW	STYLE	CC	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO: BELLA TRANSPORTING 8801 E MARGINAL WAY S TUKWILA WA 98108

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 03403771-1
VEHICLE LEGALITY STANDINGS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	MANSON	FIRST NAME	SHERI	MIDDLE INITIAL	L
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STREET NEW ADDRESS	21312 36TH ST NE
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CITY	GRANITE FALLS	ST	WA	ZIP	982529371
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	MANSOSL446LW	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	06	-	16	-	1956
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	0	NATURE OF INJURIES
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COMPLAINED OF NECK PAIN

LICENSE PLATE #	212ZSE	STATE	WA	VIN#	1FMCU9E8AKC89237
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	FORD	MODEL	ESCAPE	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO: JOHN MANSON 21312 36TH ST NE GRANITE FALLS WA 98252 D: 3606913396

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 964522520
VEHICLE LEGALITY STANDINGS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	CHAD CHRISTENSEN	BADGE OR ID #	075	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E393812

CASE #

15-00131

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit 1 and Unit 2 were both westbound on 20th St SE because of collision on SR 204. Unit 1 was directly behind Unit 2 as they moved slowly on 20th St SE. Unit 1 did not see Unit 2 come to a stop and rear-ended Unit 2. Driver of Unit 2 complained of neck pain. Both vehicles were driven from the location.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

01-20-15 04:08 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 095

1/20/2015 9:43:15 PM

BADGE OR ID #

075

ORI #

WA0311900

TIME POLICE DISPATCHED

12:24 PM

TIME POLICE ARRIVED

12:25 PM

PART B

3000-345-160 R (7/06)

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OF

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SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO.

E393812

CASE # 15-00131

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

1

USDOT

ICC #

VEHICLE TYPE

CARGO BODY
TYPE

CARRIER
NAME

CARRIER
ADDRESS

CITY

ST

ZIP

NAME
SOURCE

AXLES

00

GVWR

0

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

MOTOR
VEHICLE

☐

PEDAL-
CYCLE

☐

PEDESTRIAN

☐

PROPERTY
OWNER

☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT

☐

INSURANCE CO
& POLICY #

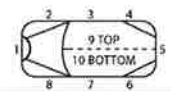
VEHICLE
LEGALLY
STANDING

YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR
VEHICLE

☐

PEDAL-
CYCLE

☐

PEDESTRIAN

☐

PROPERTY
OWNER

☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT

☐

INSURANCE CO
& POLICY #

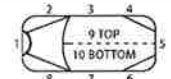
VEHICLE
LEGALLY
STANDING

YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

01-20-15 04:08 PM

DATED:

PLACE SIGNED

BADGE
OR ID #

075

ORI
#

WA0311900

APPROVED BY
MINER

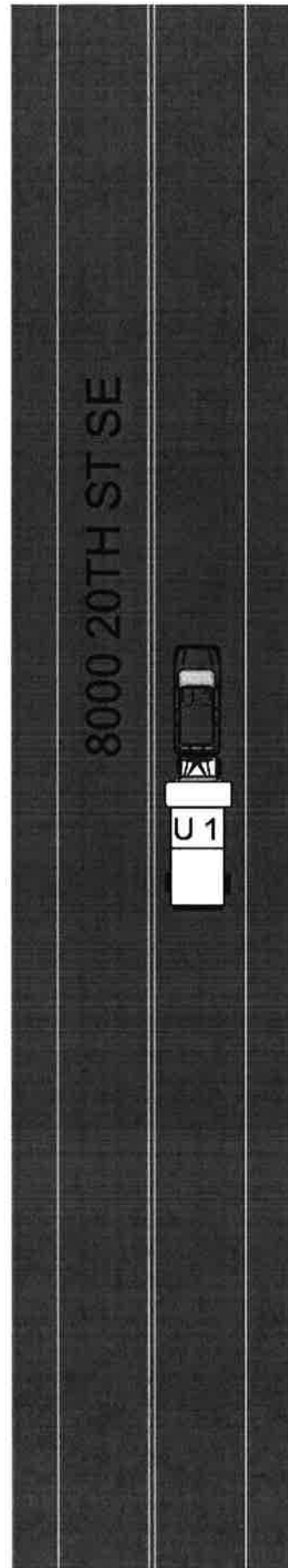
DATE
1/20/2015

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OF 4



DRAWING IS NOT TO SCALE



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00131



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST, MIDDLE) Manson, Sheri L.	RACE C	ETH F	SEX F	DOB 6/16/56	AGE 58	HGT 5'8"	WGT 155	HAIR Brown	EYES Brown
STREET ADDRESS 21312 36th ST. NE		CITY Granite Falls		STATE WA		ZIP 98252		RES. STATUS		
HOME PHONE 509-691-3396		CELL PHONE 425-530-1254		PLACE OF EMPLOYMENT Self employed						
WORK PHONE		EMAIL ADDRESS scubakab@msn.com								

I, Sheri Manson, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I stopped at a red light at the corner of 79th Ave SE & 20th ST in Everett but the truck behind me did not stop and hit the rear of my car

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Sheri Manson</u>	DATE SIGNED 1/14/56	LOCATION SIGNED 79th Ave SE - Everett
OFFICER/NUMBER: <u>C. Chant #125</u>	DATE SIGNED 1/25/15	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00131



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) JAMES FRANCIS Delaney	RACE W	ETH	SEX M	DOB 2-13-70	AGE 44	HGT 5'9"	WGT 180	HAIR BRN	EYES BLU
STREET ADDRESS 2621 S. 125 th ST		CITY Seattle				STATE WA	ZIP 98168	RES. STATUS		
HOME PHONE (206) 981-1202		CELL PHONE				PLACE OF EMPLOYMENT Bella Towering				
WORK PHONE (206)		EMAIL ADDRESS								

I, FRANCIS JAMES, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Driving west on SR 20th LAKE STEVENS
Traffic was back up for 3 miles 2 weeks on
204 Highway. WAS move slow 5 mile HR car in
front STOP quick an I Bumped HER from behind

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 1-18-15	LOCATION SIGNED
OFFICER/NUMBER: [Signature] #15	DATE SIGNED 1/20/15	LOCATION SIGNED

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PAGE 1 OF 1

Incident History for: #SS15000831 Xref: #AG15000140

Case Numbers: \$SS15000131

Entered 01/14/15 12:20:53 BY SPDF25 SP0036

Dispatched 01/14/15 12:24:44 BY SPDP17 SP0168

Enroute 01/14/15 12:24:44

Onscene 01/14/15 12:25:27

Closed 01/14/15 12:45:41

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1417 Map Page: 397C-3 Group: SS1 Beat: SOUT

Src: T

Loc: 20 ST SE/79 AV SE ,LKS (V)

Loc Info:

Name: HANSEN SHERRI

Addr:

Phone: 4255301254

/1220 (SP0036) ENTRY , 2 VEH MVA, FEM WITH HEAD INJURY
/1221 (SP0168) AGCADV , 19S10
/1221 (SP0036) SUPP TXT: TOW TRUCK VS GRAY FORD ESCAPE, PULLING OFF
ONTO 79 AV

/1221 (SP0168) VIEWED
/1222 (SP0036) SUPP NAM: HANSEN SHERRI,
PHO: 4255301254
#SS75 CHRISTENSEN, OFCR (CHAD)

/1224 (SP0168) DISPER 19D3
/1225 (SS75) *ONSCNE 19D3
/1229 (*****) REMINQ 19D3 212ZSE
/1229 (SP0168) REMINQ 19D3 LIC, 19D3, 212ZSE, , ,
/1229 (*****) REMINQ 19D3 B64513U
/1229 (SP0168) REMINQ 19D3 LIC, 19D3, B64513U, , ,
/1231 ASNCAS 19D3 \$SS15000131
/1245 CLEAR 19D3 D/H
/1245 CLOSE 19D3